

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

10 JUL 20 PM 1:52

1. (a) Name of Candidate (in full) Kirsten Elizabeth Gillibrand		2. Candidate's FEC Identification Number SONY00410
(b) Address (number and street) <input type="checkbox"/> Check if address changed 358 Mount Merino Rd		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Hudson, NY 12534		6. State & District of Candidate New York
4. Party Affiliation Democratic	5. Office Sought Senate	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Gillibrand for Senate
(b) Address (number and street) 236 Massachusetts Ave NE, Suite 110
(c) City, State, and ZIP Code Washington, DC 20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

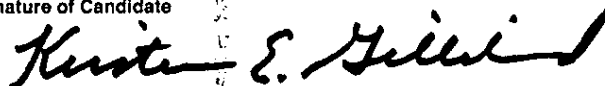
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Women Senate 2010
(b) Address (number and street) 426 C Street NE
(c) City, State, and ZIP Code Washington, DC 20002

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date July 14, 2010
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Missouri-New York Victory Fund

(b) Address (number and street)

426 C Street NE

(c) City, State, and ZIP Code

Washington, DC 20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

New York Senate 2010

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington, DC 20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Secure our Senate 2010

(b) Address (number and street)

426 C Street NE

(c) City, State, and ZIP Code

Washington, DC 20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Grassroots Victory Fund 2010

(b) Address (number and street)

15 W 26th Street, Suite 4R

(c) City, State, and ZIP Code

New York, NY 10010

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

New York Senate Victory 2010

(b) Address (number and street)

426 C Street NE

(c) City, State, and ZIP Code

Washington, DC 20003

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(Including Joint Fundraising Representatives)

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(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

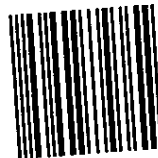
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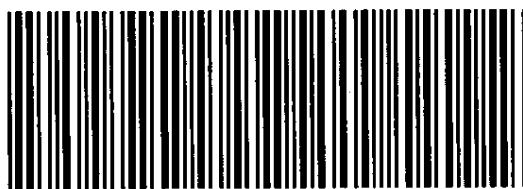
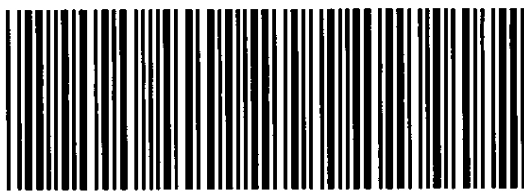
PREPARER

RD

DATE PREPARED

07-20-10

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